

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000085988**

1. Corporation Name

B. DESIGN CORPORATION

Principal Place of Business

Mailing Address

2051 TRADE CENTER WAY
NAPLES FL 34109

2051 TRADE CENTER WAY
NAPLES FL 34109



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3472120

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOYATT, ANTHONY	2051 TRADE CENTER WAY	NAPLES FL 34109
PVST	BOYATT, ANTHONY	2051 TRADE CENTER WAY	NAPLES FL 34109
V	COPE, JOHN W	2051 TRADE CENTER WAY	NAPLES FL 34109

500024340875
10/31/03--01088--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLEMAN, KEVIN G
4001 TAMiami TrL., N., STE. 300
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

10/8/03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03
Date

239-592-0221
Daytime Phone #

CR2E040 (7/03)



October 10, 2003

RE: B. Design Corporation – EIN 59-3472120

Glenda E. Hood
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Hood:

Enclosed please find our check for \$150.00 to maintain our corporate status.

I would like to take this opportunity to request a waiver of the reinstatement fee. We have searched our files and have been unable to locate any previous notices; we feel that we never received the original notice. Thank you for your time.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Anthony D. Boyatt', is written over a horizontal line.

Anthony D. Boyatt
President
B. Design Corp.
Enclosure (1)